

## MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

**ALLEN SUPPLY**
**27220006-1**
**1. MONTH OF SEPTEMBER 1, 2008 THRU SEPTEMBER 30, 2008**

- |     |  |                                    |                                    |                                      |
|-----|--|------------------------------------|------------------------------------|--------------------------------------|
| 2.  | Is Outlet # (8 digit) Correct?   | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 3.  | Is average Total flow-gal.day stated in space provided?                    | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 4.  | Is max. Total flow-gal day stated in space provided?                       | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 5.  | Is method used to calculate water stated?                                  | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 6.  | Are number of working days stated?   | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 7.  | Are there any parameters which have exceeded PVSC Local Limits?            | <input type="radio"/> Y            | <input checked="" type="radio"/> N | N/A                                  |
| 8.  | Is proper compliance/non-compliance statement provided?                    | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 9.  | Have correct number of samples been submitted?                             | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 10. | Has PHC result been listed on MR-1 report?                                 | <input type="radio"/> Y            | N                                  | <input checked="" type="radio"/> N/A |
| 11. | Has sample number been reported in space provided?                         | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 12. | Have all regulated parameters been listed on MR-1?                         | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 13. | Has sample type been stated on MR-1?                                       | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 14. | Have all samples been taken during this reporting period?                  | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 15. | Has NJDEPE certified lab been used?  | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 16. | Have analytical results been submitted on copies of Laboratory stationery? | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 17. | Have results been written in space designated on MR-1?                     | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 18. | Is correct method used to preserve samples stated on MR-1?                 | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 19. | Has MR-1 been signed by authorized representative?                         | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 20. | Has information been submitted on proper MR-1 form?                        | <input checked="" type="radio"/> Y | N                                  | N/A                                  |
| 21. | Remove Arsenic from report if sampling not required                        | <input type="radio"/> Y            | N                                  | <input checked="" type="radio"/> N/A |

e-j.m.

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

ALLEN SUPPLY

27220006

First Reviewer: comments on deficiencies COMPLETE / DID NOT SUBMIT MR-3

Date Reviewed 11/19/08 Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer e.y.m.

Second review comments on deficiencies  
\_\_\_\_\_  
\_\_\_\_\_

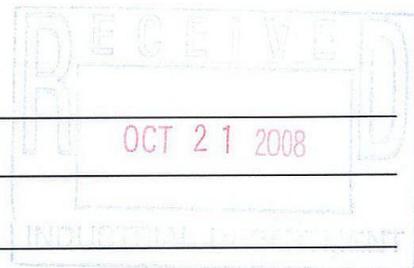
Date Reviewed \_\_\_\_\_ Date sent to user \_\_\_\_\_

Date due back \_\_\_\_\_ Reviewer \_\_\_\_\_

Date \_\_\_\_\_ Reviewer \_\_\_\_\_

*CALC*

**PRETREATMENT MONITORING REPORT**



NAME: Allen Linen Supply and Laundry Service Inc

MAILING ADDRESS: 407 20<sup>th</sup> Ave Paterson N.J. 07513

FACILITY LOCATION: .971 E 24<sup>th</sup> Street Paterson N.J. 07513

CATEGORY & SUBPART: 9999 OUTLET #: 1

CONTACT OFFICIAL: Chris Gomez TELEPHONE: 973-742-6131

NEW CUSTOMER ID / OUTLET ID: 27220006 OLD OUTLET DESIGNATION: \_\_\_\_\_

MONITORING PERIOD					
Start			End		
09	01	08	09	30	08
MO	DAY	YR	MO	DAY	YR

Average Maximum

Regulated Flow-gal/day \_\_\_\_\_

Total Flow-gal/day ~~59766~~ ~~65742~~

59,766 65,742

Method Used: \_\_\_\_\_

1572798gals x .95 = 1494158 Divided by 25 = 59766

PARAMETER		MASS OR CONCENTRATION			# OF SAMPLES	SAMPLE TYPE COMP/GRAB
		MON AVG	MAXIMUM	UNITS		
Cd	Sample Measurement	<0.001		Mg/l	1	Comp
	Permit Requirement	0.19		Mg/l		
Cu	Sample Measurement	0.077 ✓		Mg/l	1	Comp
	Permit Requirement	3.02		Mg/l		
Pb	Sample Measurement	0.00487		Mg/l	1	Comp
	Permit Requirement	0.54		Mg/l		
Hg	Sample Measurement	<0.0005		Mg/l	1	Comp
	Permit Requirement	0.080		Mg/l		
Ni	Sample Measurement	<0.004		Mg/l	1	Comp
	Permit Requirement	5.9		Mg/l		
Zn	Sample Measurement	0.109 ✓		Mg/l	1	Comp
	Permit Requirement	1.67		Mg/l		
SGT-HEM	Sample Measurement	ND (45.05) ✓		Mg/l	1	Grab
	Permit Requirement			Mg/l		
	Sample Measurement			Mg/l	1	Grab
	Permit Requirement			Mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					

Production Rate (if applicable)

**PRETREATMENT MONITORING REPORT**

Certification of Non-Use if applicable (use additional sheets): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Compliance or non compliance statement with compliance schedule (use additional sheets if necessary) for every

parameter used: Allen Linen is in compliance with the rules and regulations of PVSC

\_\_\_\_\_  
\_\_\_\_\_

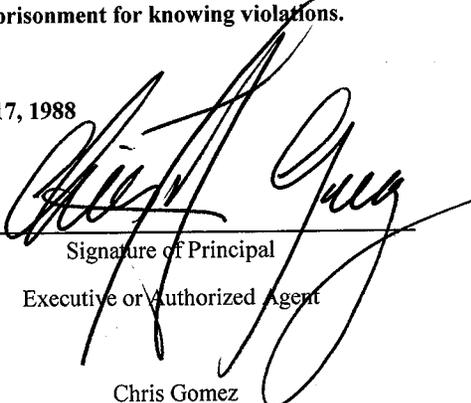
Explain Method for preserving samples: Metals samples taken in glass containers and preserved with nitric acid to a ph less than 2

\_\_\_\_\_  
No te: no changes made to the plot plan for this facility

\_\_\_\_\_

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610, October 17, 1988



Signature of Principal

Executive or Authorized Agent

Chris Gomez

Operations Manager

Type Name and Title

10/17/08

Date

Allen Linen Process Water Meter Reading

09/01/08 starting water meter reading 87893006 gallons

08/30/08 ending meter reading 89465804 gallons

89465804

87893006

1572798gallons

1572798 total gallons for the month of September

1572798 divided by 25 days = 62911 gallons per day



## ANALYTICAL DATA REPORT

for

Allen Linen

407 20th Avenue

Paterson, NJ 07513

Project Name: PVSC MONITORING

Lab Case Number: E08-10506

MDL = METHOD DETECTION LIMIT

## Metals

Lab ID: 10506-001

Client ID: 01

Matrix-Units: Aqueous-mg/L

Percent Moisture: 100

Date Sampled: 9/11/2008

Time Sampled: NA

Date Analyzed: 9/12/08

Parameter	Result	Q	MDL
• Cadmium	ND		0.001
Copper	0.077		0.008
• Lead	0.00487		0.002
• Mercury	ND		0.0005
• Nickel	ND		0.004
Zinc	0.109		0.008

## General Analytical

Lab ID: 10506-001

Client ID: 01

Percent Moisture: 100

Date Sampled: 9/11/2008

Time Sampled: NA

Parameter	Result	MDL	Matrix-Units	Date Analyzed
Biochemical Oxygen Demand	708	2.00	Aqueous-mg/L	9/12/2008 8:00
Total Suspended Solids	169	25.0	Aqueous-mg/L	9/17/2008 13:00

## General Analytical

Lab ID: 10506-002

Client ID: 02

Percent Moisture: 100

Date Sampled: 9/11/2008

Time Sampled: NA

Parameter	Result	MDL	Matrix-Units	Date Analyzed
TPH- SGT HEM	ND	5.05	Aqueous-mg/L	9/24/2008 13:00

ND = Analyzed for but Not Detected at the MDL

These data have been reviewed and accepted by:

Michael H. Leftin, Ph.D.  
Laboratory Director

273 Franklin Road  
Randolph, NJ 07869  
Phone: 973 361 4252  
Fax: 973 989 5288



IAL is a NELAC New Jersey Certified Lab (14751) and maintains certification in Connecticut (PH-0699), New York (11402), Rhode Island (00126), Pennsylvania (68-00773) and in the Department of Navy IR QA Program



**ROT DOWN BOX**

NON USE CERTIFICATION MONITORING REPORT  
LOCAL LIMITS

NAME: ALLEN LINEN SUPPLY  
 MAILING ADDRESS: \_\_\_\_\_  
 CITY LOCATION: \_\_\_\_\_  
 CATEGORY & SUBPART \_\_\_\_\_ PERMIT # \_\_\_\_\_ OUTLET #: 27220006-1  
 CONTACT OFFICIAL: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

I have been authorized to certify non-use for the following heavy metals:

Chromium  Lead  Zinc   
 Cadmium  Mercury   
 Manganese  Molybdenum   
 Copper  Nickel

SAMPLE DATE		
MONTH	DAY	YEAR
9	11	08

ELEMENT	METER	CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
CADMIUM	Sample Measurement	0.001	n	mg/l	Comp.
	Threshold Value	0.005			
LEAD	Sample Measurement	0.00487	n	mg/L	comp.
	Threshold Value	0.029			
MERCURY	Sample Measurement	0.0005	n	mg/L	comp.
	Threshold Value	0.001			
NICKEL	Sample Measurement	0.004	n	mg/L	comp.
	Threshold Value	0.02			
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				

